MEMORANDUM

Agenda Item No. 3(A)(5)

TO:	Honorable Chairman Jean Monestime and Members, Board of County Commissioners	**DATE:**	November 3, 2015
FROM:	Abigail Price-Williams County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the July 31, 2015 "Radiant Summer Camp Celebration"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

Abigail Price-Williams
County Attorney

APW/smm

MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: November 3, 2015

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(5)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Statement of social equity required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

✓ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

✓ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(5)
11-3-15

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JULY 31, 2015 "RADIANT SUMMER CAMP CELEBRATION" SPONSORED BY RADIANT CHRISTIAN COMMUNITY EFCA, INC. IN AN AMOUNT NOT TO EXCEED $1,170.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, Radiant Christian Community EFCA, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the July 31, 2015 "Radiant Summer Camp Celebration" in an amount not to exceed $1,170.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Radiant Summer Camp Celebration" is open to the public and is a family-friendly end of summer celebration with an encouraging message and performances from the youth of our community; and

WHEREAS, Radiant Christian Community EFCA, Inc. is a not-for-profit organization; and

WHEREAS, the "Radiant Summer Camp Celebration" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,170.00 of the in-kind services shall be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve funds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the July

31, 2015 "Radiant Summer Camp Celebration" sponsored by Radiant Christian Community EFCA, Inc. in an amount not to exceed $1,170.00 to be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman
Esteban L. Bovo, Jr., Vice Chairman

Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of November, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. GKS

Gerald K. Sanchez

4

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☒ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event The Honorable Commissioner Dennis C. Moss

1. Full legal name of the requesting organization: Radiant Christian Community EFCA, INC

2. Applicant Status: (Select one of the choices below)

   - ☒ Not-For-Profit or Tax Exempt
   - ☐ For-Profit
   - ☐ Local Government or Public Entity
   - ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
   Mike Babst
   14211 SW 288 Terrace, Homestead, FL 33033
   305-562-1160 mikebabst@radiantcc.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   We are requesting the small stage and 2 tower lights.

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries): Event Name: Radiant Summer Camp Celebration. It will take place from 5:30pm to 8:30pm on Tuesday, July 31, 2015. This event will celebrate the conclusion of several weeks of summer camp, and will feature food, live music, an encouraging message (and performances) from the youth of our community. We expect 200 - 300 people will attend. The event is not a fund-raiser.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): The even will be held, in District 9, at 28030 SW 139 CT, Homestead, FL 33033

8. Description of regional or local impact:

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

11. Expected number of participants and estimated attendance (per day, if applicable): 200 - 300

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See budget Form.

I hereby certify that all the statements made in this application are true and correct.

Mike Bailey
Signature of Authorized Representative

6-29-15
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Radiant Christian Community

EQUIPMENT REQUESTED: Stage 24' x 40' and (2) Light Towers.

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss
Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 302

NAME/TITLE OF THE EVENT: Radiant Summer Camp Celebration

ADDRESS OF EVENT: 28030 SW 139th CT Homestead, FL

TODAY'S DATE: 07/24/15

DATE (S) & TIME OF EVENT: 07/31/15 5:30PM – 8:30PM

SET-UP TIME & DAY: 3PM 07/31/15

TAKE-DOWN TIME & DAY: 6PM 07/31/15

CONTACT PERSON/PHONE: Mike 305-562-1160
AT SITE CONTACT/CELL PHONE#:

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
Please contact organization for special instructions

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

***Fee:** $1,170.00 In-kind District #9
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:
Commissioner Dennis Moss
Agency/Group: Commission District #9

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED ½ (HALF) OF RENTAL FEE. ***There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation

RADIANT CHRISTIAN COMMUNITY EFCA, INC.

Filing Information

Document Number	N14000006421
FEI/EIN Number	NONE
Date Filed	07/09/2014
Effective Date	07/03/2014
State	FL
Status	ACTIVE

Principal Address

14211 SW 288 TERRACE
HOMESTEAD 33033

Mailing Address

14211 SW 288 TERRACE
HOMESTEAD 33033

Registered Agent Name & Address

ESPINAL, BLANCA
13983 SW 280TH TER
HOMESTEAD, FL 33030

Officer/Director Detail

Name & Address

Title P, S

BABST, MIKE
14211 SW 288TH TER
HOMESTEAD, FL 33033 UN

Title VP

ESPINAL, MIGUEL
13983 SW 280TH TER
HOMESTEAD, FL 33030 UN

Title T

ESPINAL, BLANCA

13983 SW 280TH TER
HOMESTEAD, FL 33030 UN

Annual Reports

No Annual Reports Filed

Document Images

07/09/2014 -- Domestic Non-Profit | View image in PDF format

Copyright © and Privacy Policies
State of Florida, Department of State

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
RADIANT CHRISTIAN COMMUNITY EFCA, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
14211 SW 288 TERRACE

Requester's name and address (optional)

6 City, state, and ZIP code
HOMESTEAD, FL 33033

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
47 - 1675131

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Mike Batt Date ▶ 7-01-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

RADIANT
Christian Community

OFFICE
14211 SW 288 Terrace
Homestead, Florida 33033

PHONE
(305) 562-1160

EMAIL
mikebabst@radiantcc.org

ONLINE
www.radiantcc.org
www.facebook.com/radiantcc

May 23, 2015

The Honorable Commissioner Dennis C. Moss
Miami-Dade County, District 9
111 NW 1st Street, Suite 320
Miami, Florida 33128

Dear Commissioner Moss,

I'm writing to request the **small (24 X 40) stage** and **tower lighting** for our Summer Camp Celebration event that will take place from 5:30pm to 8:30pm on Tuesday, July 31, 2015.

This event will celebrate the conclusion of several weeks of summer camp, and will feature food, live music, an encouraging message, and performances from the youth of our community. We expect 200 - 300 people will attend.

We host a similar Thanksgiving event each year. If you would like to see a glimpse of what our July event will look like, we've posted a video of last year's Thanksgiving event at the following link:

https://www.youtube.com/watch?v=EVsSwK57xjI

Radiant is a tax-exempt ministry in District 9 that primarily serves the low-income communities of Waterside and Sea Pines in the Homestead/ Naranja area. We meet in a three-bedroom townhouse that used to a crack-house. God turned it into a lighthouse.

The encouraging story of the transformation of this property has led to the transformation of people as well. Our community gathers for block parties, food distributions, summer camps, support groups, and other special events. These events help people build stronger friendships, stronger families, and a stronger community.

Thank you for considering our request to use the **small (24 X 40) stage** and **tower lighting** for our Summer Camp Celebration. Please contact me if you would like any further information.

Because He lives,

Mike Babst

Mike Babst
Pastor
Radiant Christian Community

Sunbiz Document Number: N14000006421
Sunbiz Name: RADIANT CHRISTIAN COMMUNITY EFCA, INC.

RADIANT
Christian Community

OFFICE
14211 SW 288 Terrace
Homestead, Florida 33033

PHONE
(305) 562-1160

EMAIL
mikebabst@radiantcc.org

ONLINE
www.radiantcc.org
www.facebook.com/radiantcc

June 02, 2015

The Honorable Commissioner Dennis C. Moss
Miami-Dade County, District 9
111 NW 1st Street, Suite 320
Miami, Florida 33128

Dear Commissioner Moss,

Below please find our budget for the Radiant Summer Camp Celebration that will take place from 5:30pm to 8:30pm on Tuesday, July 31, 2015.

This event will celebrate the conclusion of several weeks of summer camp, and will feature food, live music, an encouraging message, and performances from the youth of our community. We expect 200 - 300 people will attend.

Radiant Summer Camp Celebration Budget

Description	Cost
Equipment Rental (tents, tables, table cloths, chairs, globe lights)	$1,000
Food	$750
Decorations, Door Prizes, Advertising	$500
Stage (24X40) and Lighting	$2,500
Total	**$4,750**

Thank you for considering our request to use the **small (24 X 40) stage** and **tower lighting** for our Summer Camp Celebration. Please contact me if you would like any further information.

Because He lives,

Mike Babst

Mike Babst
Pastor
Radiant Christian Community

Sunbiz Document Number: N14000006421
Sunbiz Name: RADIANT CHRISTIAN COMMUNITY EFCA, INC.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Radiant Christian Community EFCA, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
14211 SW 288 Ter

Requester's name and address (optional)

6 City, state, and ZIP code
Homestead, FL 33033

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
47 - 1675131

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Mike Blus Date ▶ 7-01-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Memorandum

MIAMI-DADE COUNTY

Date: November 3, 2015

To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Radiant Christian Community EFCA, Inc. for their "Radiant Summer Camp Celebration" event held on July 31, 2015.

In-kind services have been requested in an amount not to exceed $1,170.00 from the Parks, Recreation and Open Spaces Department contributing towards their use of one 24 x 40 stage and two light towers. This event will be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01548